

# EXHIBIT 10

# TANDEM INSTRUCTOR RATING COURSE PROFICIENCY CARD

**CANDIDATE:** Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Tandem Instructor Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this proficiency card.

Sign-off dates may not be more than 24 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Tandem Instructor Rating Course.

**VERIFYING OFFICIALS:** Use this form to record that the candidate has met all necessary requirements for the USPA Tandem Instructor rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.

\*Current USPA Instructors need not meet marked requirements.

## USPA TANDEM INSTRUCTOR RATING APPLICATION

Name Yong Hyeon Kwon

USPA #: pending Expiration Date: 1/1/1

Mailing Address [REDACTED]

Add'l. Address [REDACTED]

City Gyeongju-si State Gyeongang Zip or Postal Code 38084 Country South Korea

Weekday Phone ( ) [REDACTED] E-Mail [REDACTED]

DOB: [REDACTED] Sex: ☒ M ☐ F Occupation: student

License Number: pending (USPA or FAI D license required.)

FAA Medical Exp. Date 1/30/16 (Include copy of medical with this application)

Total Freefall Time: 289.55 sec. Total Sport Jumps: 253 (minimum 500 required.)

Applicant's Signature (for future authentication purposes): [Signature]

\$50 Rating Fee: ☐ Paid by candidate with application ☐ Returned with After-Action Report



[REDACTED] 7182

expiration date [REDACTED]

I certify that Yong Hyeon Kwon has: [Signature]  
name of candidate

### PRIOR TO ARRIVAL AT THE USPA INSTRUCTOR RATING COURSE:

1. Assisted in two tandem first-jump courses toward Category A requirements.

[Signature] 6.27.16  
USPA Tandem Instructor signature Date

[Signature] 6.27.16  
USPA Tandem Instructor signature Date

2. Assisted in two Category B tandem ground preps.

[Signature] 6.28.16  
USPA Tandem Instructor signature Date

[Signature] 6.28.16  
USPA Tandem Instructor signature Date

- 3.\* Assisted in two Category D ground preps.

[Signature] 6.29.16  
USPA Instructor signature Date

[Signature] 6.29.16  
USPA Instructor signature Date

- 4.\* Observed ground preps in Categories B, C, E, and F.

[Signature] 6.29.16  
USPA Instructor signature Date

- 5.\* Correctly taught freefall stability and basic freefall maneuvers, including freefall turns, backloops, barrel rolls, front loops, and tracking.

[Signature] 6.29.16  
USPA Instructor signature Date

- 6.\* Prepared an effective canopy flight plan and provided ground-to-air (for example, radio) instruction for winds up to 14 mph.

[Signature] 6.29.16  
USPA Instructor signature Date

- 7.\* Participated in the spotting and aircraft lessons from Categories D through H (or equivalent training).

(Initials) Category D [Signature] Category G [Signature]  
Category E [Signature] Category H [Signature]  
Category F [Signature]

[Signature] 6.29.16  
USPA Instructor signature Date



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CANDIDATE NAME

YongHyun Kwon

Member #

pending

8.\* Demonstrated five practice tandem cutaways wearing tandem equipment and with a simulated student in the student harness in the presence of a USPA Tandem Instructor or Tandem Instructor Examiner.

1. Supervising USPA Tandem Instructor signature Date 6/29/16

9.\* Made 10 jumps to teach and observe basic group freefall skills (verification of 10 entries in the candidate's logbook).

Course Examiner's signature Date 7/1/16

10. Correctly answered at least 80% of the questions on the USPA Tandem Instructor Final Examination.

Course examiner signature Date 7/1/16

AT THE USPA INSTRUCTOR RATING COURSE:

11. During tandem jumps, demonstrated the ability to perform all the following:

• Establish and maintain stability throughout the jump.

Evaluator signature Date 6/27/16

• Recover from intentional, planned instability on exit.

Evaluator signature Date 6/27/16

• Heading control during tandem freefall and droguefall.

Evaluator signature Date 6/27/16

12. Earned a score of Satisfactory on all sections and sub-sections of the Tandem In-Air Skills and Instruction Evaluation Form and the Training, Supervision, and Debriefing Evaluation Form.

Course examiner signature Date 6/28/16

13. Correctly and completely rigged a simulated student for a tandem jump and completed a satisfactory pre-jump check of all associated systems.

Evaluator signature Date 6/28/16

14. Conducted five successful initial tandem evaluation jumps.

1. Evaluator signature Date 6/29/16

2. Evaluator signature Date 6/29/16

3. Evaluator signature Date 6/29/16

4. Evaluator signature Date 6/29/16

5. Evaluator signature Date 7/1/16

15.\* Correctly prepared and checked a solo student's equipment, including canopy selection, prior to rigging up.

USPA Instructor signature Date 6/27/16

16.\* Completed one satisfactory Category D freefall and canopy training session and air evaluation during a Tandem Instructor Rating Course.

Course Examiner signature Date 6/29/16

17. Participated in all portions of the USPA Tandem Instructor Rating Course.

Course examiner signature Date 6/29/16

18. Has a minimum of 3 years of experience in parachuting.

Course examiner signature Date 6/29/16

19. Conducted five practice tandem jumps.

1. Supervising USPA Tandem Instructor signature Date 7/1/16

2. Supervising USPA Tandem Instructor signature Date 7/1/16

3. Supervising USPA Tandem Instructor signature Date 7/1/16

4. Supervising USPA Tandem Instructor signature Date 7/1/16

5. Supervising USPA Tandem Instructor signature Date 7/1/16

### RATING RECOMMENDATION

I have personally examined and recommend this applicant for the USPA Tandem Instructor rating. He or she has demonstrated the ability to train and jump with tandem students and to train and supervise non-method-specific students for the USPAA license.

**Y.G.**

USPA Tandem Instructor Examiner name and Member #

USPA Tandem Instructor Examiner signature

Date 7/1/16

CA Skydive School, Acampo, CA

Course Location

UPT Sigma

Tandem Equipment Used for Rating

### COURSE/EXAMINER VERIFICATION CHECKLIST

- ☐ Examiner membership and rating expiration date \_\_\_\_\_
- ☐ Course Location \_\_\_\_\_ (must be a current USPA Group Member drop zone)
- ☐ Course dates and location registered with USPA Headquarters on (date) \_\_\_\_\_
- ☐ Candidate USPA Membership expiration date \_\_\_\_\_
- ☐ Full Course ☐ Challenge Course ☐ Mfg. Transition Course (tandem only)
- (See Section 1 of course syllabus for requirements)



UNINSURED **UNITED PARACHUTE TECHNOLOGIES, LLC.**

VECTOR



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SIGMA

## - TANDEM INSTRUCTOR CERTIFICATION FORM

Name Yonghyeon Kwon Age 20 1 1  
 Mailing Address [REDACTED] \$ 50.00  
 City Gyeongju, S. State Gyeongsangbuk-do Zip 38084 Country South Korea  
 Home Phone [REDACTED] Work Phone [REDACTED] Fax [REDACTED]  
 E-Mail [REDACTED]  
 Date of First Jump 6/25/16 Number of Jumps 253  
 Instructional Rating(s) (Please attach copy) USPA Coach pending Current / Expired  
 USPA D-License/ Equivalent Pending FAA Medical Certificate # (Please attach copy) see attached  
 Home Drop Zone Parachute Center National Aero Club USPA

## Applicant Training Record

Jump # Date Aircraft Name of Passenger Examiner's Comments and Signature

1.	6.27.16	twi offer	Solo	
2.	6.27.16	twi offer	spot vide	
3.	6.28.16	twi offer	Mike S.	
4.	6.28.16	twi offer	Mike S.	
5.	6.28.16	twi offer	Mike S.	

Name of Examiner (Please Print) Y.G.

## Cross-Training to a Vector Sigma from another Tandem Rating

	Date	Aircraft	Name of Passenger	Examiner's Comments and Signature
1.	<u>  /  /  </u>	<u>  </u>	<u>  </u>	<u>  </u>
2.	<u>  /  /  </u>	<u>  </u>	<u>  </u>	<u>  </u>

Name of Examiner (Please Print)   

Applicant must possess a current tandem rating from another manufacturer, complete a Vector Sigma Tandem ground school, and complete a minimum of two Vector Sigma tandem jumps.